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Deliver to: Kevin T. Bates, USPTO Art Group: 2155
Facsimile No.: (571) 273-8300 Date: November 17, 2005
From: William W. Schaal, Reg. No. 39,018
Our Docket No.: 3239P099 Number of pages 12, including this sheet.
Application No.: 10/027,686 Filing Date: 12/21/2001

Enclosed are the following documents:

CERTIFICATE OF MAILING/TRANSMISSION (32 CFR 1.84)

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Susan McFarlane 11/17/2005
Susan McFarlane Date

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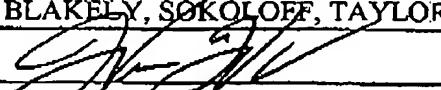
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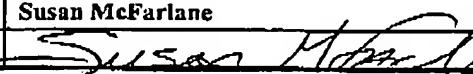
PAGE 1/7 * RCVT AT 11/17/2005 11:45:34 AM [Eastern Standard Time] * SVR:USPTO-EFXRF-6/25 * DNI:2738300 * CSID:7145573347 * DURATION (mm:ss):01:58

ATION (mm-ss):01-58
Received 7 pages
out of 12

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application No.	10/027,686
		Filing Date	December 21, 2001
		First Named Inventor	Peter A. Tenereillo
		Art Unit	2155
		Examiner Name	Kevin T. Bates
Total Number of Pages in This Submission	6	Attorney Docket Number	3239P099

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input checked="" type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	William W. Schaal, Reg. No. 39,018 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	November 17, 2005

CERTIFICATE OF MAILING/TRANSMISSION			
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Typed or printed name	Susan McFarlane		
Signature		Date	November 17, 2005
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FEE TRANSMITTAL for FY 2005		Complete if Known	
		NOV 17 2005	
Patent fees are subject to annual revision.			
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Application Number <u>10/027,686</u>	
TOTAL AMOUNT OF PAYMENT <u>(\$)</u> <u>0.00</u>		Filing Date <u>December 21, 2001</u>	
		First Named Inventor <u>Peter A. Tenereillo</u>	
		Examiner Name <u>Kevin T. Bates</u>	
		Art Unit <u>2155</u>	
		Attorney Docket No. <u>3239P099</u>	

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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 under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES

Total Claims	20	- 20*	= 0	x	Fee from below	=	Fee Paid
Independent Claims	3	- 3*	= 0	x	200.00	=	\$0.00
Multiple Dependent							

Large Entity		Small Entity	
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1202	50	2202	25
1201	200	2201	100
1203	300	2203	180
1204	300	2204	150
1205	300	2210	150
SUBTOTAL (1)		(\$)	
		0.00	

*or number previously paid, if greater. For Reissues, see below

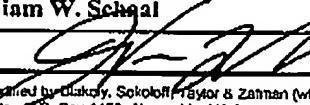
2. ADDITIONAL FEES

Large Entity	Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	45	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
2053	130	2053	130	Non-English specification	
1251	120	2251	60	Extension for reply within first month	
1252	450	2252	225	Extension for reply within second month	
1253	1,020	2263	510	Extension for reply within third month	
1254	1,590	2264	785	Extension for reply within fourth month	
1255	2,160	2265	1,080	Extension for reply within fifth month	
1401	600	2401	250	Notice of Appeal	
1402	500	2402	250	Filing a brief in support of an appeal	
1403	1,000	2403	500	Request for oral hearing	
1451	1,510	2451	1,510	Petition to institute a public use proceeding	
1460	130	2480	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(a)	
1806	180	1808	180	Submission of Information Disclosure Stmt	
1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.129(a))	
1010	700	2810	385	For each additional invention to be examined (37 CFR § 1.120(b))	
Other fee (specify) _____		SUBTOTAL (2)		(\$)	

SUBMITTED BY

Complete if applicable

Name (Print/Type)	William W. Schaeff	Registration No. (Attorney/Agent)	39,018	Telephone	(714) 557-3800
Signature				Date	11/17/05

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FEE TRANSMITTAL for FY 2005		<i>Complete if Known</i>	
		Application Number	10/027,686
		Filing Date	December 21, 2001
		First Named Inventor	Peter A. Tenereillo
		Examiner Name	Kevin T. Bates
		Art Unit	2155
		Attorney Docket No.	3239P099
NOV 17 2005			

**FEE TRANSMITTAL
for FY 2005**

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$ 0.00)

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Order None Other (please identify): _____
 Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayment of fee(s) Credit any overpayments
 under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION

1. EXTRA CLAIM FEES

Total Claims	20	20*	=	0	X	50.00	*	\$0.00
Independent Claims	3	3*	=	0	X	200.00	=	\$0.00
Multiple Dependent								

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description
1212 50	2202 25	Claims in excess of 20
1201 200	2201 100	Independent claims in excess of 3
1203 360	2203 180	Multiple Dependent claim, if not paid
1204 300	2204 150	"Reissue independent claims over original patent
1205 300	2205 150	"Reissue claims in excess of 20 and over original patent
SUBTOTAL (1)		(\$ 0.00)

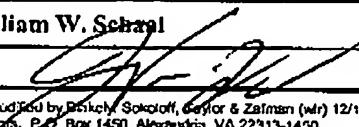
*For number previously paid, if greater. For Reissues, see below

2. ADDITIONAL FEES

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
2053 130	2053 130	Non-English specification	
1251 120	2201 60	Extension for reply within first month	
1252 480	2252 225	Extension for reply within second month	
1253 1,020	2253 510	Extension for reply within third month	
1254 1,800	2254 795	Extension for reply within fourth month	
1255 2,120	2255 1,080	Extension for reply within fifth month	
1401 600	2401 250	Notice of Appeal	
1402 500	2402 250	Filing a brief in support of an appeal	
1403 1,000	2403 600	Request for oral hearing	
1451 1,510	2451 1,610	Petition to institute a public use proceeding	
1450 130	2460 130	Petitions to the Commissioner	
1807 50	1807 50	Processing fee under 37 CFR 1.17(q)	
1006 180	1808 180	Submission of Information Disclosure Stmt	
1009 750	1809 395	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810 780	2810 395	Filing a submission after final rejection (37 CFR § 1.129(b))	
Other fee (specify)			
SUBTOTAL (2)			(\$ 0.00)

SUBMITTED BY

Name (Print/Type)	William W. Schaeff	Registration No. (Attorney/Agent)	39,018	Telephone	(714) 557-3800
Signature				Date	11/17/05

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 SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Docket No.: 3239P099

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re the Application of:

PETER A. TENERBILLO, ET AL.

Application No.: 10/027,686

Filed: December 21, 2001

For: **A Method and Apparatus for Discovering
Client Proximity Using In-Line
Translations**

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Art Group: 2155

NOV 17 2005

Examiner: Kevin T. Bates

INFORMATION DISCLOSURE STATEMENT UNDER 37 C.F.R. §1.97

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

In accordance with the duty of disclosure, enclosed is a copy of IDS Citation Form PTO/SB/08 or PTO-1449, together with copies of the documents cited on that form, except for copies not required to be submitted (e.g., copies of U.S. patents and U.S. published patent applications need not be enclosed). This IDS and IDS Citation Form are being submitted within three (3) months of filing of the application. It is respectfully requested that the cited references be considered and that the enclosed copy of PTO/SB/08 be initialed by the Examiner to indicate such consideration and a copy thereof returned to applicant(s).

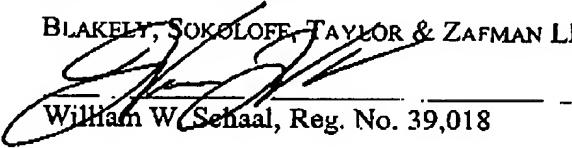
The submission of this Information Disclosure Statement is not to be construed as a representation that a search has been made in the subject application and is not to be construed as an admission that the information cited in this statement is material to patentability.

Please charge any fees due to Deposit Account 02-2666. A duplicate copy of the Fee Transmittal (PTO/SB/17) is enclosed for this purpose.

Respectfully submitted,

BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP

Date: November 17, 2005


William W. Senaal, Reg. No. 39,018

12400 Wilshire Boulevard, 7th Floor
Los Angeles, CA 90025
Telephone: (714) 557-3800

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Susan McFarlane 11-17-05
Date

Substitute for form 1449A/PTO				<i>Complete if Known</i>	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(use as many sheets as necessary)</i>				Application Number	10/027,686
				Filing Date	December 21, 2001
				First Named Inventor	Peter A. Tenereillo
				Art Unit	2155
				Examiner Name	Kevin T. Bates
				Attorney Docket Number	3239P099
Sheet	1	of	1		

Examiner Signature		Date Considered
-----------------------	--	--------------------

**Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 809. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication.*

"Applicant's unique citation designation number (optional). *See *Kind Codes* of USPTO Patent Documents at www.uspto.gov or MPEP 801.04. Enter Office that issued the document, by the two-letter code (WIPO Standard ST.5). *For Japanese patent documents, the indication of the year of reign of the Emperor must precede the serial number of the patent documents. *King of documents by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. *Applicant is to place a check mark here if English language Translation is attached.

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